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ABSTRACT

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Parent-Staff Communication in Day Care Centers During Morning and Afternoon Transitions

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Abstract

Communication between parents and staff was observed in 16 proprietary day care centers during morning and afternoon transition (i.e., drop off, pick up) times. Results revealed large, stable differences among centers in the frequency and usefulness of these exchanges. Approximately 2/3rds of the transition time opportunities resulted in parent-staff communication, their median length being 12 seconds. About half of the conversations were more than purely routine and typically involved the giving of or asking for information about the child's behavior, medical/health, or day at the center. Analysis by time of day suggested that caregivers were relatively more accessible during the morning transition while parents were relatively more accessible during the afternoon. There were also large differences in parent-staff communication in preschool versus infant/toddler programs favoring the younger age group in measures such as frequency and usefulness. Follow-up analysis suggested that these age differences may be due more to the communication needs of infant/toddler staff than of parents.

Parent-Staff Communication in Day Care Centers During Morning and Afternoon Transitions

Child and family developmentalists have given increasing theoretical and empirical attention (Bradbard & Endsley, 1987; Bronfenbrenner, 1979; Hill, 1981; Hess & Holloway, 1984; Hoffman, 1984) to the impact of other institutions and socialization settings on the development and functioning of family members. As one example, there are now several strands of research that broadly characterize how parent involvement with their children's educational and/or child care programs may impact on the children as well as on other family members (Becher, 1985; Hughes, 1985; Kagen, 1984; Olmstead and Rubin, 1983). Most of the "involvement" studies have taken the form of training parents to be more effective in teaching their children or have examined teacher-parent relations.

However, one much less developed research strand concerns parent involvement better described as informal communication between parents and their children's teachers or caregivers. Because day care programs essentially exist as alternative child care for busy working parents, instances of informal communication, especially at transition (drop-off & pick-up) times, are apt to be the most probable and predictable form of parent involvement occurring in most centers (not to mention most family day care homes). This is particularly true for privately owned center programs that are known to have fewer parent-staff contacts than publically funded ones (Tudor, 1977; Ruopp, Travers, Glantz, and Coelen, 1979).

As one might expect from an emerging research area, the available studies on parent-staff communication are primarily descriptive, focusing on matters such as the frequency and content

of communication, parent and caregiver satisfaction with the process, comparison of communication settings, and parent/staff demographic and other attitudinal correlates. Regarding findings that describe the actual communications, the evidence supports the view that most parent-staff communication occurs at transition times each day (Fuqua & Fan, 1987; Pink, 1981; Powell, 1977; Sinclair, 1982). Further, parent-staff communication occurs at least weekly, and usually 2-3 times or more a week for most parent-staff dyads (Powell, 1977; Sinclair, 1982), though typical conversations last less than one minute (Minish, 1986). When parents and staff talk, child-related topics are discussed with more frequency than family or parent topics (Hughes, 1985; Minish, 1986; Pink, 1981; Powell, 1977), with frequency of overall communication being significantly related to diversity of topics discussed (Powell, 1977). However, except for discussing the child's day at the center, most child-related and family-related topics are discussed only sometimes, typically less than once a month (Hughes, 1985; Fuqua & Fan, 1987). Parent-staff communication can be of three basic types--social, informational, and decision-making, with social occurring more often than the other two (Fuqua & Fan, 1987; Minish, 1986; Powell, 1978a, 1978b; Winkelstein, 1981).

Finally, there is debate about the satisfaction that parents and caregivers derive from their communication. Powell's (1977) parents and caregivers reported considerable dissatisfaction, while Fuqua and Fan's (1987) and Kontos and Wells' (1986) did not. While the level of satisfaction being experienced by parents and staff is not clear, parental satisfaction with their communication with caregivers appears to be positively associated with

communications containing relatively high proportions of social and decision-making content (Winkelstein, 1981).

Though the studies just cited have helped to clarify the broad outlines of informal parent-staff communication, our existing knowledge is still quite limited both on substantive and methodological grounds. From a substantive perspective, further research is needed to examine more closely the specific features of transition time communication. That is, we need to understand what exactly occurs and what are the specific structural, psychological, and ecological features of this communication (e.g., who initiates these conversations, what is their "tone," where do they occur?).

Methodologically speaking, all but three studies have depended on self-reports. The three exceptions include a simple time-spent-in-the-center analysis (Zigler & Turner, 1982), an observational study of the occurrence of social, information, and decision-making communication (Winkelstein, 1981), and a pilot study by the second author (Minish, 1986) that described drop-off and pick-up time communication between parents and staff.

From a sampling perspective, parent-staff communication research is limited in terms of the number of centers studied in each investigation, the populations surveyed, and in the type of center auspice sampled. Only the Hughes (1985), Powell (1977) and Fuqua-Fan (1987) studies surveyed a fairly large number of centers (17, 12, & 9, respectively), while the rest used 1-5 centers. Further, almost all have focused on the preschool age group rather than on younger ages as well. Finally, only recently have programs studied been proprietary in nature, despite the fact that proprietary programs are the largest category of center auspice and represent half or more of the existing center programs (Ruopp, et al., 1979).

The present study addressed these limitations by obtaining richer and more detailed observations of parent-staff communication in sixteen centers, all of which had infant and/or toddler programs as well as preschool programs. These descriptive data were analyzed to answer a series of questions about proprietary center day care settings: First, to what degree do parents and staff utilize the access they have to each other as the child leaves one setting (home, center) and enters the other (i.e., what is frequency, duration of communication)? Then, what content is conveyed in these communications, and what is the structure of this content (e.g., who gives and asks for information)? Further, what are the psychological and ecological contexts for the communication (e.g., tone, physical location)? Finally, to what extent do the preceding descriptive features vary by age group and time of day (i.e., morning drop-off, afternoon pick-up)?

Method

Subjects and Centers

Parents, caregivers, directors, and centers were all considered as subjects in this study. That is, analysis was conducted at both the individual and center level. In 1983, sixteen area licensed proprietary day care centers serving both infant/toddler and preschool ages agreed to participate in the project. The centers represented 70% of all centers offering both infant/toddler and preschool groups in a 5-county area surrounding a moderate-sized city of approximately 65,000 residents. The nine urban and seven rural centers composing the sample served 1,032 children (M=64.5 per center, range = 20-158) with an average group size of 12 for the infant/toddler rooms (range = 6-32) and 23 for the preschool rooms (range = 14-64) that were observed.

Of the 839 families using the centers, single-parent families accounted for approximately 11% of the households. White families comprised 79% of the sample, while 14% were black, and 7% were of other ethnic origins. Based on each director's estimate, 60% of the families across centers (range = 11-98%) were judged to be middle class, the remaining lower class. Also based on staffing information provided by the directors, eight center infant programs had a mean staff:child (s:c) ratio of 1:6 (range = 1:4-1:7), 16 center toddler programs had a mean s:c ratio of 1:8 (range = 1:6-1:18), and 16 center preschool programs had a s:c ratio of 1:18 (range = 1:12-1:20). In terms of staff education and experience, less than half of the caregivers had received formal training in child development or related fields, but most had at least two years work experience ($\underline{M}$=5.5 years).

Instruments

Three instruments were developed for data collection purposes: (a) the Parent-Caregiver Communication Checklist (PCCC) to collect observational data, (b) a semi-structured director interview to document center characteristics, and (c) the "Parent-Caregiver Communication Questionnaire" to identify staff training, roles at the center, and attitudes toward communication. For the present study, however, only the PCCC is described since only general center and staff demographic information was used from the latter two instruments.

The PCCC is an evaluative research tool consisting of two basic parts, a content and a structural component. The content items, the structural component, and the process of coding were all initially constructed based on the literature. They then underwent revision and refinement after consultation with experts and field-testing in four types of child-care settings. (For detailed

information about the development of the PCCC and its coding manual, see Minish, 1986).

The content component consists of 24 topics, four grouped under the category called routine conversations (e.g., greeting, small talk) and 20 grouped under the category called substantive conversations. The latter, in turn, includes nine child-focused topics (e.g., child's day at center, developmental issues, discipline), eight adult-focused topics (e.g., job, financial affairs, health) and three home/family-focused topics (relationships, child's home life, activities of family members outside of center or home). A place is also provided to code comments that do not fit any of the other 24 categories. In addition to coding comments, the usefulness of the content (i.e., content judged as beneficial is the children, adults, or home/family) discussed in each parent-caregiver interaction is assessed on a 5-point scale ranging from not useful (1) to extremely useful (5).

The structural component of the PCCC includes identifying the frequency, duration, and responsibility for communication. Responsibility for communication, in turn, consists of evaluating three basic elements: (a) who was involved in the conversation, (b) who initiated it, and (c) who gave or asked for suggestions, evaluations, and/or information. The last element mentioned, "gives or asks," was adapted from the widely used Interaction Process Analysis System (Borgatta & Crowther, 1965).

An additional feature of the checklist is that it allows observers to assess the physical and psychological setting in which communication occurs. Recorded as setting descriptors are the location of communication (e.g., in children's room, hall, outside) and type of day (usual, unusual). Rated on 3-point scales are five

tone-of-communication categories: (a) spontaneous-controlled, (b) warm-cool, (c) relaxed-tense, (d) comfortable-uncomfortable, and (e) informal-formal. Further, center atmosphere is assessed on a 3-point scale (1= quiet, calm, & relaxed; 3= noisy, rushed, & hectic). Finally, the caregiver's availability to communicate with the parent is rated on a 4-point scale ranging from free to communicate (1) to busy with children/adults (4).

Pilot research (Minish, 1986) provided descriptive data on four centers and documented that adequate retest stability at the group level existed for most of the measures over a one-week period. More specifically, the frequency, duration, tone, and usefulness of the conversations, as well as who was likely to initiate the conversations, caregiver availability, and center atmosphere were all moderately to highly stable from one week to the next (mean r = .75, range = .55 - .93). In addition, observer agreement, calculated as the mean percent of agreement between eight undergraduate observers and the second investigator (Minish, whose judgments functioned as the standard) was 78% over all measures. This overall level was judged to be excellent since agreement for each measure was defined in terms of making exactly the same judgment, including exactly the same judgment on 12 measures that used 3-5 point scales. In fact, the only measures that failed to reach 70% agreement during the in-field data collection phase were five of the latter measures: (1) spontaneity of conversation (68%); (b) warmth of conversation (68%); (c) caregiver availability (65%); (d) location of parent during conversation (58%); and (e) center atmosphere (52%).

Procedures

Informed consent, general center information, and family demographic data were first obtained by the investigators during a

semi-structured interview with the center director. Each center was visited two times, generally within a week's time, by the observers. For retest purposes, two additional visits were scheduled on the same days and at the same times as visits one and two in four centers (Minish, 1986). In all centers, trained observers followed the procedures in the coding manual (Minish, 1986) and collected interaction data as parents entered the facility during the morning drop-off period (7:30-8:30 a.m.) and the afternoon pick-up period (4:00-5:30 p.m.). The days and order of times (a.m. or p.m.) for the first two visits were assigned randomly within the constraints of center and observer schedules. The observers were eight undergraduate students in child-related courses of study (see Minish, 1986, for details). They, as well as the parents and caregivers, remained blind to the purposes of the study. However, to obtain informed consent, day care center directors were informed of the study's focus and procedures.

Parent-caregiver/director interactions were coded on an as available basis (as parents entered the center) until six interactions per age level per visit were collected. The two age levels of interest were infant/toddler and preschool parent-staff interactions. In the 8 centers having separate infant and toddler groups, parent-staff communication was surveyed on an availability basis from either of these younger age groups, while the remaining infant/toddler groups were observed in their combined group setting. Thus, in the 16 centers a total of 369 interactions (6 interactions X 2 age levels X 16 centers X 2 visits = 384 interactions - 15 missing cases = 369) were collected, not counting the retest data (an additional 96 interactions). The 12 interactions collected per center visit (6 interactions X 2 age levels) represented from 16% to 84% ($\underline{M}$= 35%) of the total number of

potential interactions that could have been expected to occur during any one transition time period assuming average absence rates existed at the time of the study (estimated at 12% -- Ruopp et. al., 1979).

Results

Findings Over All Centers

Table 1 summarizes both the mean percent and range in percent occurrence of seven characteristics of parent-staff communication over the 16 centers. The reader can note the large variability

-- Insert Table 1 About Here --

found over centers for most measures. Thus, while most caregivers were available for communication, the percentage of no communication was six times as high in the center with the lowest rate of communication when compared to the center with the highest rate. Similarly, there was substantial variation over centers in the likelihood that the staff initiated conversations, that the communication occurred in the classroom, and that the communications were judged as useful.

Number and length of conversations. As indicated in Table 1, over two-thirds of the parents, when dropping off or picking up their children at the day care centers, talked with a staff member; the remaining parents did not. When conversations occurred, their mean length was 27 seconds (median = 12, range = 3-570).

Persons involved in communication. Approximately three times as many mothers (73%) picked up or dropped off their children at the center as did fathers (25%). In the remaining 2% of the cases both parents were present. Interestingly, only 2 centers deviated appreciably from this 3:1 ratio, and in both cases approximately as many fathers as mothers (48/52, 44/56, respectively) came to the center.

Once at the center, mothers and fathers took similar advantage of the opportunity to communicate with a staff member (72% & 66%, respectively, $\underline{X}$ = .93, n.s.). A higher percentage of the mothers' conversations, however, were "long" ("long" conversations were those > 12 seconds, the median length of all conversations) than those of fathers (54% and 39%, respectively), though this difference was not statistically significant ($\underline{X}$ = 3.3, $\underline{p}$<.10).

The staff member most frequently involved in communication was the primary caregiver (43%), followed by the secondary caregiver (31%), and the director (29%). Children were included by parents or staff in three-way conversations (parent-staff-child) 20% of the time. Although the director communicated less often with parents than did other staff members, how often she spoke with parents was highly dependent upon her role in the center. Specifically, six of the 16 directors (mostly those operating smaller centers) also served as a primary caregiver responsible for a group of children. As one might expect, these dual-role directors participated significantly more often in conversations with parents than single-role directors (26% versus 4%, respectively, $\underline{X}$ = 103.8, $\underline{p}$<.01).

Initiation of conversation. The results revealed that a staff member was more likely to initiate conversation than a parent (55% vs. 45%, $\underline{X}$ = 5.3, $\underline{p}$<.05). However, initiation did not appear to vary substantially by staff role (i.e., 35%, 35%, & 30% for primary caregivers, secondary caregivers, and directors, respectively). Similar to the findings for participation in communication, dual-role directors are, however, much more likely to initiate conversations than are single role directors (14% vs. 2%, respectively, $\underline{X}$ = 48.7, $\underline{p}$<.01).

Context of communication. Regarding the physical setting of caregivers and parents, as indicated in Table 1, caregivers were

rated as almost always available to talk with parents and most of the conversations occurred within the child's group setting or "classroom". When communication did not occur, it was associated with the fact that most (65%) of the "non-talking" parents remained outside or at the entrance to the building, while most caregivers (69%) were in their classrooms. Conversely, 88% of the "talking" parents came into the classroom. In general, the further away the parent was from the classroom when they dropped off or picked up their child, the less likely they were to talk with staff (only 36% talked when outside, 53% when at entrance, and 65% when in hallway).

The tone-of-communication ratings, revealed that parent-staff communication was moderately spontaneous, warm and friendly, relaxed, comfortable, and informal (means averaged 1.7 on a 3-point scale). There appeared to be moderate variation (ranges were typically 1.2 - 2.2 on the 3-point scale) in these ratings from center to center.

Turning to the 3-point atmosphere (noise/activity level) scale (1= quiet & calm, 3= noisy & hectic), the mean atmosphere level across centers was 1.7 (range = 1.0 -2.4). Thus, in general, the vast majority of the interactions (92%) occurred in classrooms that were judged to be quiet and calm or of an average noise and activity level. Further, most (88%) of the settings observed were rated as usual as opposed to having unusual happenings that might have colored the observed communication events.

Content of communication. As indicated in Table 2, slightly

-- Insert Table 2 About Here --

more than half (53%) of all conversations contained some degree of substantive information concerning children, adults, and/or the home/family. More specifically, out of the 18 substantive topics

that were actually discussed, an average of 1.7 of these topics (range = 1 - 6) were discussed per conversation.

The remaining conversations (47%) were purely routine exchanges (i.e., greetings, small talk, or comments on routine matters, such as "I finally found his glove"). This is not to say that routine comments did not occur along with more substantive topics; in fact, some type of routine comment was made in almost all conversations.

Looking more closely at conversations, the most frequent topics were greetings, routine matters, and small talk. These were followed by more substantive topics concerning the child i.e., the child's behavior, the child's medical and health concerns, and the child's day at the center (see Table 2), while adult-focused and home/family focused substantive communication occurred somewhat less frequently. Parents and staff were equally likely to mention substantive topics (53% vs. 47%, respectively, $\bar{X}$ = 1.58, n.s.). Lastly, considering all conversations, as indicated in Table 1, less than half were rated as useful.

Structure of communication. The structure of substantive communications is summarized in Table 3. Clearly, the most frequent

-- Insert Table 3 About Here --

type of structure was giving information. As can be seen in Table 3, in general "giving" comments (categories A, C, & E) occurred much more frequently, at a rate of approximately 3:1, than "asking for" comments (categories B, D, & F).

Although there was not a substantial difference in most of the types of structural comments made by parents and staff, as can be seen in Table 3, parents did give information more frequently than staff (61% vs. 39%, respectively, $\bar{X}$ = 11.46, $p<.01$). Correspondingly, staff were more likely than parents to ask for

information (57% versus 43%, respectively), and to ask for evaluation (58% versus 32%, respectively). However, because of the small sample sizes of "asking for" comments, the latter two trends did not reach statistical significance.

Findings By Time of Day and Age of Group

Time of day differences. Most of the differences found in communication between drop-off (a.m.) and pick-up (p.m.) times were non-significant. Specifically, no significant differences were found in frequency or length of conversations that occurred in mornings or afternoons, and a similar ratio of mothers to fathers dropped off the children in the morning as picked them up in the afternoon. Morning and afternoon conversations were also similar in staff initiation of conversation and in tone, usefulness, and occurrence of content topics.

In terms of significant results (see Table 4) more staff were

-- Insert Table 4 About Here --

rated as free to communicate and the rooms were rated as more quiet and calm in the morning than in the afternoon. If communication did not occur in the morning it was probably due mainly to the fact that the "non-talking" parents did not enter the room, since few parents who did enter the room failed to talk (see Table 4). The failure of certain "non-talking" parents to enter the room also accounts for the large majority of the "non-talking" caregivers who were present in the room, since obviously they did not have parents available for communication.

The availability picture appeared to change in the afternoons as more "non-talking" parents (about 1/3) now entered the room. These parents were presumably unable to talk because later in the day a higher percentage (48%) of the "non-talking" caregivers were located elsewhere in the center or outside. The afternoon

caregivers involved in communication were also more likely than the morning staff to be secondary caregivers, while directors were more likely to be involved in morning conversations.

Age group differences. As indicated in Table 5, the

-- Insert Table 5 About Here --

significant differences between the two age groups occurred primarily in terms of the frequency and content of communication. Conversations not only occurred substantially more frequently with parents of younger children than with parents of older children, more of them also lasted longer than 12 seconds.

In addition to having more frequent communication, more conversations with parents of younger were judged to be useful, substantive, and to give information than did the conversations of staff and parents of older children. Correspondingly, the staff and parents of the younger children had fewer purely routine conversations than the older group.

Upon closer inspection, however, when substantive conversations occurred, the broad topics of such conversations appeared similar for both age groups. That is, the combined category of child/home/family topics, as well as that of adult topics occurred in only a few more conversations in the younger groups than in older groups (90% vs. 81% for child/home/family topics & 38% vs. 35% for adult topics, respectively). Similarly, there was little difference in the percentage of substantive conversations that gave information for the younger versus the older group (91% and 85%, respectively).

Discussion

Communication Across Centers and Groups

As expected, most parents and staff talked to each other briefly during drop-off and pick-up times. What was not expected

was the relatively high percentage of cases, especially among preschool caregivers and parents (i.e. 43%), in which absolutely no verbal communication, not even a greeting, occurred between parents and staff. In analyzing the descriptive findings, it became immediately evident that frequency, setting characteristics, and communication dynamics were highly variable from center to center (see Table 1). Given the evidence that most group measures were moderately to highly stable over a week's time, it can be concluded that the variance across centers is due primarily to existing (stable) center differences, not to the chance of when they were assessed. To put it simply, it appeared that some centers consistently did a good job in communicating with parents, while others did not.

As expected, most conversations were social (or routine) and in fact, 20% of all conversations were simply greetings. As was also expected, when conversations contained substance they focused on the child, particularly topics of immediate concern - the child's behavior, medical/health concerns, and day at the center. Childrearing information and cognitive and social development topics were rarely, if ever, discussed. For example, in only <u>one</u> conversation (out of 257), was the child's relationship with others even mentioned. It appears that such topics, if ever discussed, are left for requested or regularly scheduled conferences. However, according to parents in Fuqua and Fan's study (1987) parent-staff conferences seldom occur. Thus, transition time communication remains as one of the few opportunities parents and day care staff have for exchanging information concerning the child's social and cognitive development.

Importantly, topics that focus on the adults as "people", rather than as parents and caregivers, were also discussed. In

fact, adult/medical health and adult activities away from the center were the fifth and sixth most common substantive topics mentioned. This focus on adults supports the social network findings (Hughes, 1985; Pink, 1981; Powell, 1977) that for some parents child care can be a source of adult support and friendship.

Giving information (about children or adults) occurred in almost all of the substantive conversations, confirming transition time as an important avenue for information sharing, particularly by parents. However, substantive types of conversations only accounted for a little over half of all conversations and only slightly over one-third of all opportunities. Therefore, particularly for the preschool groups, advantage is often not taken of opportunities to share information.

Transition time conversations were generally friendly and comfortable. Perhaps this is understandable since parents and staff rarely discussed discipline or developmental problems at drop-off and pick-up time. The lack of problem-solving at transition time may be, in part, explained by center policies. Some staff reported (in informal feedback) similar policies which requested caregivers to discuss problem situations with the director, who then discusses the problem with the parent. Thus, problems appear to be handled through different avenues, either indirectly through the center director or possibly more directly through parent-caregiver conferences. This approach, plus center philosophies such as "leave parents with a positive thought" (confirmed informally by several directors and formally by Hughes, 1985) help explain the lack of negative information exchanged and the general comfortableness of conversations. Continuing this line of reasoning also helps to explain the director's communication as a function of her role in the center. She may function as a

problem-solver and/or as discussed earlier, as a primary caregiver in the smaller centers. In either case, such responsibilities would serve to increase her frequency of communication with parents.

In sum, if other avenues (e.g., child feedback, conferences, checklists on the child's daily behavior, and newsletters) are used to transmit information, then relatively superficial conversations which cover immediate concerns and keep lines of communication comfortable and open, may be sufficient at transition times. However, if these other channels are not utilized, or if parents or staff are dissatisfied with communication, then transition time conversation needs to occur more frequently and be of a higher quality.

Differences in Time of Day

There were very few differences in morning and afternoon communications (see Table 4 for significant findings). Slightly more social (and routine) conversations occurred in the afternoon, perhaps because parents had somewhat more time as indicated by the fact that slightly more of the parents entered the room in the afternoon than in the morning (53% vs. 45%). Parents often remained outside or at the entrance in the morning and sent their children inside. This routine occurred even though most centers had policies which requested parents to bring their child into the facility. In general, this preschool drop-off routine of sending children in "saves" parents time and may also reflect a perspective by some parents that their own responsibility for daytime care ends at the entrance to the center.

While the parents seemed to have more time in the afternoon, caregivers were more likely to be free to communicate in the morning. Perhaps this discrepancy reflects on the relative needs

for feedback by the two parties at these different times. Thus, caregivers may be particularly interested in feedback in the morning since they are about to take over the caregiving responsibility for the rest of the day. Likewise parents are particularly interested in feedback in the evening for the same reason. In any case, the findings suggest that the ideal times for informal communication for caregivers and parents do not coincide.

Communication in Infant/Toddler versus Preschool Groups

Parent-staff communication clearly differs in infant/toddler and preschool age groups; the question is why? In comparing communication factors in younger and older groups, caregivers were judged to be equally free to communicate, classroom noise and activity levels were similar, as many mothers and fathers picked up and dropped off their children in the two age groups, and parents initiated conversations at the same rate. Yet conversations between parents and staff in the infant/toddler groups were longer, more frequent, useful, substantive, and less often purely routine than parent-staff conversation in the preschool groups.

What factors operated to produce such differences? The influence of the child's age was expected to offer some explanation. First, there may be more parent-caregiver communication because of the infant/toddler's inability to relay information, while according to Fuqua and Fann (1987), the preschooler is more relied upon by parents as a primary source of information. Although this may be true, the data suggest that relying on older children for information did not explain the more frequent conversations in the infant/toddler group. Specifically, analysis revealed that the child's day, one of the most often discussed topics, was discussed between parents and staff no more frequently in younger groups than in older groups.

A second possibility under consideration was that communication may be more frequent in smaller infant/toddler groups because the parent is better able to develop a relationship with a caregiver who is typically responsible for fewer children than in the preschool age group. Thus, perhaps because the infant/toddler caregiver has fewer children, she is more familiar with them, and correspondingly, has more to talk about with the parent than the preschool caregiver. Support for this view should be reflected in positive correlations between s:c ratios and communication frequency within both age groups; that is, programs with relatively more staff available should have had more communication, regardless of age group. However, follow-up analysis for both age groups failed to reveal that higher s:c ratios were associated with more frequent parent-caregiver communication.

Third, communication was speculated to be more frequent within younger groups because parents, due to fewer years of experience in parenting and/or because they were just learning about their "newest" child, may use the center more as a source of information. Re-examination of the data revealed that one particular topic related to the child was discussed substantially more frequently in conversations within younger groups than in older groups--the child's behavior (26% vs. 6%, $X2 = 13.71$, $p<.001$). Comments coded as referring to the child's behavior were those that identified behaviors that characterized the child (i.e., what the child was like) and were not setting specific as was the case, for example, in discussions of the child's day at the center. Thus, parents and caregivers of very young children seemed to be exchanging comments that describe and highlight the child as an individual (e.g., "Oh, he really likes to run", "She really gets cranky when she's hungry").

It was also thought that the hypothesis that parents of younger children are more likely to use the center as a source of information would be supported by finding more frequent requests for information on the part of this group. This result was not obtained. Surprisingly, however, the staff in the younger age groups, not the parents, were asking for information (from the parent) over three times as frequently (76% vs. 24%, $\underline{X} = 10.75$, $p<.01$) as were the staff in the older groups. This raises the interesting possibility that the differences regarding frequency of communication, may be due more to the information needs of infant/toddler staff than the infant/toddler's parents. Supporting this interpretation is the findings that of 30 questions asked by the infant/toddler staff of the parents, 24 (80%) were the initiating comments on the topic of discussion. The remaining six were questions asked in response to a parental concern (e.g., where the parent says, "Jimmy seems tired today,", the caregiver might reply, "Has he been sleeping through the night since his ear infection?"). The latter finding is consistent with Hughes' finding (1985) that center and home providers most commonly responded to parental concern by asking questions. It remains to be explored why providers, particularly infant/toddler providers, are asking for information. Could it be because they are seeking information to care for the child or because they are seeking information to deal with adult concerns? Our subsample of 30 staff initiated questions suggests both reasons since 18 (60%) concerned the child and 12 (40%) concerned adult related issues.

Conclusion

The present study provides a detailed description of the frequency with which parents and caregivers communicate at transition times, along with the nature of that communication and

the physical and temporal contexts in which it occurs. Two major features stand out in the data: (a) communication is quite variable from center to center, and (b) parents and caregivers of infants and toddlers communicate significantly more than parents and caregivers of the preschoolers.

Future analyses are planned to examine the interrelationships among the several communication measures. Perhaps such an analysis will suggest whether it is tenable to talk about the quality of communcation using some weighted combination of measures, or whether a number of different communication dimensions are required to adequately describe what is transpiring. It would also be useful to examine whether any of the demographic characteristics of the centers, as well as their staff and parents (e.g., size, staff/child ratios, education of staff & parents), might help to account both for the stable center differences in communication as well as the age differences so apparent in the present findings.

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Table 1

Mean Percent and Range of Occurrence of Selected Parent-Staff Communication Characteristics Over 16 Day Care Centers

Characteristic	Mean occurrence (%)	Range across centers (%)
Caregivers available for communication	92	68-100
No communication[a]	30	9-54
Communication ≤ 12 seconds	34	4-56
Communication > 12 seconds	36	0-58
Staff initiated communication	55	29-76
Communication occurred within child's classroom	62	24-100
Communication judged as useful	41	9-67

Note. Total number of possible interactions for first four communication characteristics = 369. Total number of actual conversations for remaining characteristics = 257.

[a]Caregiver available = free to communicate or had minor responsibilities.

Table 2

Communication Content Topic Frequency and Percent

Content Topic	Frequency	Percent
Routine Communication		
Greetings	224	87
Routine matters	82	32
Small talk	66	26
Center information	6	2
Substantive Communication		
Child Focused		
1. Child's behavior	51	20
2. Child's medical and health	37	14
3. Child's day at the center	27	11
4. Other children	12	5
5. Child's development	8	3
6. Child's program	5	2
7. Child's relations with others	1	0
8. Discipline	1	0
9. Additional childrearing	1	0
Adult Focused		
10. Adult medical and health	20	8
11. Adult activities outside center	17	7
12. Adult activities in center	9	4
13. Caregiver-parent relations	7	3
14. Job/school	5	2
15. Financial matters	3	1

Table 2 (Continued)

Communication Content Topic Frequency and Percent

Content Topic	Frequency	Percent
16. Marriage relations	0	0
17. Friendship	0	0
Home/Family Focused		
18. Child's home life	18	7
19. Activities outside center/home	18	6
20. Family relations	1	0

Note. Total number of conversations = 257 (137 of which contained a substantive focus on child, adult, and/or the home/family). Percentages are rounded to the nearest whole number. Total percentages may exceed 100% since more than 1 topic might be discussed in any given conversation.

Table 3

Percentage of Different Communication Structures Represented in Parent-Staff Conversations

Communication Structure Categories	Parents	Staff	Total
Information			
A. Gives	34	21	55
B. Asks	8	10	18
Evaluation			
C. Gives	9	7	16
D. Asks	3	4	7
Suggestion			
E. Gives	2	3	5
F. Asks	0	0	0

Note. Total number of structural elements = 411. These 411 structural elements were embedded in 137 substantive conversations.

Table 4

Comparison of Morning and Afternoon Parent-Staff Communication

Category	% of occurrence		Significant Results[c]
	AM[a]	PM[b]	
Staff involved			
Secondary caregiver	20	42	.01
Director	36	23	.05
Caregiver free to communicate	64	53	.05
Situations in which no communication occurred			
Parent located in room	7	35	.01
Caregiver located in room	82	52	.01
Quiet and calm atmosphere	50	35	.01

[a] n of opportunities = 187, n of actual conversations = 125.

[b] n of opportunities = 181, n of actual conversations = 131.

[c] Chi-square tests.

Table 5

Comparison of Parent-Staff Communication in Infant/Toddler and Preschool Groups

Category	% of occurrence		
	Infant/ Toddler[a]	Pre- School[b]	Significant Results[c]
Communication	83	57	.01
Conversations > 12 seconds	58	42	.05
Useful conversation	47	31	.05
Routine conversation (not greeting)	21	35	.05
Substantive conversation	60	44	.05
Child and home/family topics	54	33	.01
Gives information	55	38	.05

[a] n of opportunities = 178, n of actual conversations = 148.

[b] n of opportunities = 190, n of actual conversations = 108.

[c] Chi-square tests.